

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2706.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service (DOS) 07/03/01?
- b. The request was received on 03/29/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs/TWCC-62s
 - d. Undated letter titled, REQUEST FOR RECONSIDERATION
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission's case file contains no carrier sign sheet or other documentation to indicate when the carrier received the documentation submitted by the provider per Commission Rule 133.307 (g)(3). The carrier's only response was received on 11/05/02. All documentation submitted by both parties will be considered timely.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: letter dated 11/05/02
"The documentation submitted is nothing more than a glorified 'SOAP' note, which is required for reimbursement of the 99213 office visit previously reimbursed in full. The Provider is not even entitled to the \$15.00 reimbursement he did receive for the 99080

CPT code, and the Self-Insured requests the Provider be ordered to refund this amount to the Self-Insured...Rule 133.1(a)(3) requires that the HCP submit complete bills to the Carrier...The documentation submitted is required to establish reimbursement for the office visit performed on 7/3/2001. This documentation does not support additional reimbursement.”

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 07/03/01.
2. The carrier’s EOBs have the denials: “F – FEE GUIDELINES MAR REDUCTION” and “O – DENIAL AFTER RECONSIDERATION-REQUIRED NOTES TO DOCUMENT LEVEL OF SERVICE WERE PAID AT \$15.00 NO ADDITIONAL PAYMENT RECOMMENDED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
07/03/01	99080-RR	\$50.00	\$15.00	F, O	DOP	Texas Workers' Compensation Act & Rules, Rules 133.1 (a)(3)(D) & (E)(i), 133.100 (a) & (b), 133.106 (e) & (f)(2)(A); MFG, E/MGR (IV)(C)(3)(a)(ii)	The provider is requesting reimbursement for medical report/documentation associated with an office visit. The provider in its request for reconsideration cites Commission Rule 133.1 (a)(3)(D) & (E)(i). These require that the provider supply/include supporting documentation “for the three highest level office visits...” It is the provider’s position that this required supporting documentation should be reimbursed in addition to the office visit itself. However, the Medical Fee Guideline (MFG), Evaluation/Management Ground Rule (E/MGR) (IV)(C)(3)(a)(ii) indicates that the medical report/documentation should be considered part of the office visit and is not reimbursed separately. Therefore, the Requestor is not entitled to additional reimbursement and the Respondent is entitled to a refund of the \$15.00 paid.
Totals		\$50.00	\$0.00				The Respondent is entitled to a \$15.00 refund from the Requestor.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Requestor to remit \$15.00 plus all accrued interest due at the time of payment to the Respondent within 20 days receipt of this order.

This Order is hereby issued this 17th day of December 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division